Page 1 of 2

Ope	rator Project #		Postmark		D	ate Received		Notification	10,1106 #1	
I,	Type of Noti	fication (check	one):	✓ Original		Revised	Car	nceled 🔍	1.767	
II.	Facility De	-						`	411.02	
	ding Name: ress: 993 Fift	h Avonus	<i>—</i>							
	· New York			- NIV			40000			
	Location : Bas	ement		State: INY		Zip Code: _	10028	County: New	York	
		e feet): 93389)						2016	
ı	ent Use: Resic	tontial					natio	Age in Years:	85	
)			Use: Reside				
III.		Present? (check			The second second	Renovatio	on Emergen	cy Renovation	Fire Training	
IV. V.	Facility Inf		one).	iesiN	10					
٧.		ne: 993 Fift A	venue Corpo	oration						
		93 Fifth Avenu								
	City: New	V York			,,		7		2	
	Contact: M	ichael Spolar				(212)737		Zip Code: <u>10028</u> Fax:		
		ontractor Nam						_ 1 ax		
	Address: 1	16 Kean Stree	et	X 00000 - 100000						
	City: Wes	st Babylon					Z	in Code: 11704		
	Contact; Bo			,			-1777			
	Other Oper									
							Z	ip Code:		
	Contact:			Tele	ephone	:: ()		_ Fax:	-	
VI.	Procedure, in		cal methods, e	employed to det			and to estimate t			
Assu	umed									
VII.	Approximate .	Amount of Asb	estos Materia	ls:						
				RACM to be Removed		Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		
					C	ategory I	Category II	Category I	Category II	
	Pipes (linear feet)			880						
Surfac	ce Area (square	feet)								
	ty Components (
VIII.	VIII. Scheduled Dates Demolition or Renovation: Start: Complete:									
IX.	X. Dates for Asbestos Removal (MM/DD/YY) Start: 00/45/00/10									
Days	of the Week:	Monday	Tuesday					11/30/2010		
	s of Operation:	8am-5pm	8am-5pm		-+	Thursday	Friday	Saturday	Sunday	
		_ Jan Jpin	T gam-ahi	n 8am-5p	111	8am-5pm	8am-5pm		1	

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:							
Tent		e bag under negative pressure	ceteu facinty con	iponents:				
XI.	Description removal a	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:						
		gp-occuures.						
XII.		ansporter #1						
	Name:	Codi Transport						
	Address:	72 Allen Blvd						
	City:	Farmingdale	State:	NY	Zip Code: 11735			
	Contact:	Don Cohen	Telephone:	(631)694-6001				
	Waste Transporter #2							
	Name: Address:							
	City:							
	Contact:		State:		Zip Code:			
XIII.	Waste Dis	snacol	Telephone:	()				
	Name:	Southern Alleghenies						
	Address:							
	City:	843 Miller Picking Road	Ct					
	Contact:	Davidsville	State:		Zip Code: 15928			
XIV.	Emergenc	y Demolition (complete Item XIV only if this proje		(732) 695-0900				
	1. At	tach a copy of the Order to this notice.	ct is an Emergenc	y Demo.)				
		ame of Authority Issuing Order:		Title:				
		uthority of Order (Citation of Code):						
		ate of Order (MM/DD/YY):			Ordered to Begin			
XV.	Emergenc	y Renovation (Attach separate sheet with the follow	wing information i	if project is Emergency	Renovation.)			
		ate and Hour of the Emergency:						
		escription of the Sudden, Unexpected Event:						
	J. L.	planation of how the event caused unsafe conditions	s or equipment da	mage or an unreasonab	le financial burden.			
XVI.	Descriptio	n of procedures to be followed in the event that u	nexpected RACI	M is found or non-frie	blo ACM becomes			
144 (800)	crumbiea,	pulverized, or reduced to powder.	The second surfer	13 TOURING OF HOII-II IA	tole ACM becomes			
All wo	rk to stop	and proper precautions taken						
XVII.	T certify th	at an individual trained in the provisions of NESI	HAP (40 CFR PA	RT 61, SUBPART M) will be on -site during the			
	D	emolition or Renovation, and evidence that the revallable during normal business hours.	equired training l	nas been accomplished	by this person will be			
/	a	variable during normal business nours.						
		6: 1 60 10	1/22/2016	Boris Mirkin \				
		Signature of Owner/Operator	Date	Type or Pri	nt Name and Title			
хуш.	of the submission of faise of misleading statements, and I certify that facts							
	contained in this notification are true, accurate, and complete.							
	(/		1/22/2016	Boris Mirkin VP	0			
		Signature of Owner/Operator	Date	Type or Prin	nt Name and Title			

Page 1 of 2

Operator Project #		Postmark		Date Received		Notification i	#	
I. Type of Not	ification (check	one):	✓ Original Revised			Canceled		
II. Facility Description								
	Building Name:							
City: New York			ND/					
,		S	tate: NY	Zip Code:	10028	County: New	York	
Site Location : Bas		`						
Building Size (squa		9	# of Floors: <u>19</u>			Age in Years: <u>85</u>		
	Present Use: Residential Prior Use: Residential							
			Ordered D	emo Renova	tion Emergen	cy Renovation	Fire Training	
	Present? (check	one): Yes	□ No	0				
V. Facility In								
		venue Corporat	ion					
	93 Fifth Aven	ue						
City: Nev					Z	Zip Code: 10028		
					37-2068	_ Fax:		
		e: JBH Environ	mental, Inc).				
_	16 Kean Stre	et						
-				State: NY Z				
Contact: Bo			ohone: (516) 741-1777					
Other Ope	rator (demolitio	on/general):						
Address:								
City:		State:						
			Telephone: ()					
	The second secon	Company of the second s						
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:								
Assumed								
VII Annuariana	A							
VII. Approximate	Amount of Ash	estos Materials:						
		RACM to be	Removed	Non-friable Asbestos Material		Non-friable Asbestos Material NOT to be Removed		
		TO ICM to be	KACM to be Removed		to be Removed Category I Category II			
Pipes (linear feet)		000	000		Category II	Category I	Category II	
	C4)	880)					
Surface Area (square						-		
Facility Components (cubic feet)								
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:								
IX. Dates for Asbestos Removal (MM/DD/YY) Start: 02/15/2016 Complete: 11/30/2016								
Days of the Week:	Monday	Tuesday	Wednesda		Friday	Saturday	Sundan	
Hours of Operation:			8am-5pi			Saturday	Sunday	
		8am-5pm		Joann-opin	n 8am-5pm			

Page 2 of 2

X.	Descript	tion of planned Demolition or Renovation w	ork to be performed an	d method(s) to be em	ployed, including demolition					
Tont	description of affected facility components:									
I CIII	and Gio	e bag under negative pressure								
XI.	Description of work practices and engineering controls to be used to complete the									
	removal	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:								
XII.	Waste Ti	ransporter #1								
	Name:	Codi Transport								
	Address:	72 Allen Blvd								
	City:	Farmingdale	State:	NY	Zip Code: 11735					
	Contact:	Don Cohen	Telephone:	(631)694-6001	11735					
	Waste Tr	ansporter #2								
	Name:									
	Address:									
	City:		State:		7:- C-1					
	Contact:		Telephone:	()	Zip Code:					
XIII.	Waste Di	sposal	a depriorie.							
	Name:	Southern Alleghenies								
	Address:	843 Miller Picking Road								
	City:	Davidsville	C							
	Contact:	Davidsville	State:		Zip Code: 15928					
XIV.		v Demolition (complete Item VIV I. : 64:	Telephone:							
	1. A	ey Demolition (complete Item XIV only if this tach a copy of the Order to this notice.	project is an Emergency	y Demo.)						
		ame of Authority Issuing Order:		Tial						
		uthority of Order (Citation of Code):		Title:						
		ate of Order (MM/DD/YY):		Data (Ordono d.t. D'					
XV.	Emergenc	y Renovation (Attach separate sheet with the	following information i	f project is Emergana	Ordered to Begin					
	1. Da	ate and Hour of the Emergency:	and matter i	project is Efficigency	y Renovation.)					
	2. De	escription of the Sudden, Unexpected Event:								
	3. Ex	planation of how the event caused unsafe con-	ditions or equipment dar	nage or an unreasonat	ole financial burden.					
	-									
XVI.	Descriptio	n of procedures to be followed in the event pulverized, or reduced to powder.	that unexpected RACN	I is found or non-fri	able ACM becomes					
All wo	· · · · · · · · · · · · · · · · · · ·	parretized, or reduced to powder.								
		and proper precautions taken								
XVII.	I certify th	at an individual trained in the provisions of	NESHAP (40 CFR PA	RT 61, SUBPART M) will be on -site during the					
/	_	emolition or Renovation, and evidence that vailable during normal business hours.	the required training h	as been accomplished	d by this person will be					
		and during normal business nours.								
		Sanatura SO 10	1/22/2016	Boris Mirkin \						
\		Signature of Owner/Operator	Date	Type or Pri	nt Name and Title					
хуш.	I acknowle	dge the existence of laws prohibiting the su	bmission of false or mi	sleading statements.	and I certify that facts					
	Sco	ontained in this notification are true, accura	te, and complete.		a seeing mai facts					
	X		1/22/2016	Boris Mirkin VP	0					
/		Signature of Owner/Operator	Date		nt Name and Title					
				* JPC OF TTH	at rame and 140e					